— THIS FORM MUST BE KEPT CONFIDENTIAL — 982(a)	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
NAME OF COURT:	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME: PLAINTIFF/ PETITIONER:	
DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER:
I request a court order so that I do not have to pay court fees and costs.	
 1. a. I am <i>not</i> able to pay any of the court fees and costs. b. I am able to pay <i>only</i> the following court fees and costs (specify): 	
b rain able to pay ciny the following countries and cooke (openity).	
2. My current street or mailing address is (if applicable, include city or town, apartment no.,	if any, and zip code):
3. a. My occupation, employer, and employer's address are (specify):	
b. My spouse's occupation, employer, and employer's address are (specify):	
 I am receiving financial assistance under one or more of the following programs: a. SSI and SSP: Supplemental Security Income and State Supplemental Pa b. CalWORKs: California Work Opportunity and Responsibility to Kids Act, in 	•
for Needy Families (formerly AFDC) c. Food Stamps: The Food Stamp Program	
d. County Relief, General Relief (G.R.), or General Assistance (G.A.) 5. If you checked box 4, you must check and complete one of the three boxes below, unit	less vou are a defendant in an unlawful
detainer action. Do not check more than one box.	,
 a. (Optional) My Medi-Cal number is (specify): b. (Optional) My social security number is (specify): 	
and my date of birth is (specific	ecify):
[Federal law does not require that you give your social security number, you must check box c and attach documents c.	s to verify the benefits checked in item 4.]
[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees a office, for a list of acceptable documents.]	and Costs, available from the clerk's
[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]	
My total gross monthly household income is less than the amount shown on the and Costs available from the clerk's office.	
[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the ba of this side.]	ack of this form, and sign at the bottom
7. My income is not enough to pay for the common necessaries of life for me and the also pay court fees and costs. [If you check this box, you must complete the base of the pay income is not enough to pay for the common necessaries of life for me and the pay income is not enough to pay for the common necessaries of life for me and the also pay court fees and costs.	
WARNING: You must immediately tell the court if you become able to pay court fees be ordered to appear in court and answer questions about your ability to pay court if	or costs during this action. You may ees or costs.
I declare under penalty of perjury under the laws of the State of California that the informatio attachments are true and correct.	n on both sides of this form and all
Date:	
(TYPE OR PRINT NAME) (Financial information on reverse)	(SIGNATURE)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
FINANCIAL INFORMATION	
	10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
	Property FMV Loan Balance
•	(1)
a. My gross monthly pay is:	(2) \$ \$ (3) \$ \$
purpose and amount):	d. Real estate (list address, estimated fair market value
• •	(FMV), and loan balance of each property):
(1) <u> </u>	
(2) 5	Property FMV Loan Balance
(3) \$ \$ (4) \$	(1) \$ \$
My TOTAL payroll deduction amount is: \$	(2) \$ \$
	e. Other personal property — jewelry, furniture, furs, stocks,
c. My monthly take-home pay is (a. minus b.): \$	bonds, etc. (list separately):
d. Other money I get each month is (specify source and	borido, oto. (not obparatory).
amount; include spousal support, child support, paren-	¢
tal support, support from outside the home, scholar-	11. My monthly expenses not already listed in item 9b above
ships, retirement or pensions, social security, disability,	are the following:
unemployment, military basic allowance for quarters	a. Rent or house payment & maintenance \$
(BAQ), veterans payments, dividends, interest or royalty,	b. Food and household supplies\$
trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net	
gambling or lottery winnings):	c. Utilities and telephone
	d. Clothing \$ e. Laundry and cleaning \$
(1)	
(2) \$	
(3)	
The TOTAL amount of other money is:	h. School, child care \$
The TOTAL amount of other money is: \$	
labeled Attachment 9d.)	j. Transportation and auto expenses (insurance, gas, repair) \$
e. MY TOTAL MONTHLY INCOME IS	k. Installment payments (specify purpose and amount):
(c. plus d.): \$	k. Installment payments (specify purpose and amount).
f. Number of persons living in my home:	(1)
Below list all the persons living in your home, including	(3)
your spouse, who depend in whole or in part on you for	The TOTAL amount of monthly
support, or on whom you depend in whole or in part for	installment payments is: \$
support:	I. Amounts deducted due to wage assign-
Gross Monthly Name Age Relationship Income	ments and earnings withholding orders: \$
	m. Other expenses (specify):
(1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(1) \$ \$ (2) \$ \$ (3) \$ \$ (4) \$ \$ (5) \$ \$ The TOTAL amount of other monthly.
(3) \$	(2) \$
(4) \$	(3) \$
(4) \$ \$ (5) \$ \$	(4) \$
The TOTAL amount of other money is: \$	(5) \$
(If more space is needed, attach page	The TOTAL amount of other monthly
labeled Attachment 9f.)	expenses is:\$
g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS	n. MY TOTAL MONTHLY EXPENSES ARE
(a. plus d. plus f.):	(add a. through m.): \$
10. I own or have an interest in the following property:	12. Other facts that support this application are <i>(describe un-</i>
a. Cash\$	usual medical needs, expenses for recent family emergen-
b. Checking, savings, and credit union accounts (list banks): cies, or other unusual circumstances or expenses to help the	
(2) \$	attach page labeled Attachment 12):
(1) \$ (2) \$ (3) \$	

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

(4)